

Pediatric Field Primary Survey

Field Primary Survey	Special Considerations
<ol style="list-style-type: none"> Establish level of responsiveness. <ul style="list-style-type: none"> • Playfulness • Distractability • Position • Distress • Color • Consolability • Interaction • Anxiety • Eye Contact Evaluate airway and protective airway reflexes. [2] Basic airway/spinal immobilization prn. [3,4] Oxygen prn. [5] Assist ventilation prn. [6,7] Stop hemorrhage. Evaluate and support circulation. [8,9] Do environmental assessment, including consideration of intentional injury. Determine appropriate treatment protocol. 	<ol style="list-style-type: none"> Determine scene safety. Identify signs of airway obstruction and respiratory distress, including: <ul style="list-style-type: none"> • cyanosis • stridor • drooling • nasal flaring • choking • grunting • intercostal retractions • absent breath sounds • bradycardia • apnea/bradypnea • tachypnea Open airway using suction, jaw thrust and chin lift (or head tilt if no suspected spinal trauma). Consider oropharyngeal airway if child unconscious. If c-spine trauma suspected, immobilize spine with cervical immobilization device and backboard. Infants and young children may require under-shoulder support to achieve neutral c-spine position. Use nasopharyngeal or oropharyngeal airway, mask, or O₂ blow-by, as tolerated, with child in position of comfort. Use chest rise as indicator of adequate ventilation. If inadequate, consider: <ul style="list-style-type: none"> • repositioning the airway • foreign body in the airway • inadequate bag volume or pop-off valve on Rescue breathing includes 2 initial slow breaths (1½ sec) then rate of 20/min for infant or child. Assess perfusion using: <ul style="list-style-type: none"> • heart rate • skin signs • capillary refill • mental status • quality of pulse • blood pressure (LATE) Compression rate: 120/min. infant, 100/min. child with 5:1 ratio with ventilations. Depths are ½ - 1" infant, 1 – 1½" child.